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COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM: IMPLEMENTATION OF THE AGREED CONCLUSIONS OF THE 1993 COORDINATION SEGMENT OF THE COUNCIL

Preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera

Report of the Secretary-General

SUMMARY

At its organizational session for 1993, the Economic and Social Council decided that the coordination segment of the substantive session of the Council of 1993 should focus on the coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera (decision 1993/205). The outcome of the Council's deliberations at its substantive session was agreed conclusions containing specific recommendations on coordination matters addressed to the various parts of the United Nations system, for implementation in accordance with General Assembly resolution 45/264 on the restructuring and revitalization of the United Nations in the economic, social and related fields. The Secretary-General was requested to report on the implementation of those recommendations, specifying goals, work-plans, time-frames and resource needs for achieving them. The present report responds to that request.

* E/1994/100.

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INTRODUCTION

1. Information on malaria and diarrhoeal diseases, as well as on actions being taken to control them, was provided by the Secretary-General in his report to the Economic and Social Council at its substantive session of 1993 (E/1993/68). 1/ After discussing the subject, the Council reached agreed conclusions containing recommendations (see annex I below). The present report focuses on actions taken which relate to these conclusions and recommendations. The organizations that collaborated in the preparation of the report of the Secretary-General in 1993 were the major contributors to the present report (see annex II), for which the World Health Organization (WHO) acted as Task Manager.

2. Malaria and diarrhoeal diseases, including cholera, take a heavy toll in human life and suffering. There are several hundred million cases each year and some four million deaths. The major impact of these diseases is felt in developing countries among the men and women of the work force, pregnant women, infants and young children under five years of age and children of school age. These diseases constitute major impediments to social and economic development, degrading the quality of life of millions of people, their families and their communities. They contribute in large measure to a vicious circle of disease-malnutrition-poverty-disease. Features they share include their relation to water resources, the importance of education and community participation in their prevention and control, and the importance of early diagnosis in the home and of rapid referral of severe cases to a health centre.

3. These features highlight the need for intersectoral action and the importance of addressing the two diseases in the context of more comprehensive programmes promoting primary health care. They are specific targets of prevention and control efforts made by Governments with the support of the international community, in particular the organizations and bodies of the United Nations system. While these diseases are specific and priority concerns of the World Health Organization (WHO) and such organizations as the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank, they also influence development policies of many other United Nations organizations, bilateral and multilateral development agencies and non-governmental organizations.

I. IMPLEMENTATION OF THE CONCLUSIONS AND RECOMMENDATIONS OF THE ECONOMIC AND SOCIAL COUNCIL

A. Global and regional levels

Existing collaborative action

4. While the present report focuses on the conclusions and recommendations of the Economic and Social Council (see annex I below), it should be recognized that many global and other initiatives have been or are being taken to improve United Nations system coordination. A brief review of these initiatives is given below to provide the context in which the follow-up to the Council's

agreed conclusions is taking place, recognizing that those conclusions have served as a catalyst in enhancing and accelerating the process of coordination in the system in this field.

5. Chapter 6 of Agenda 21, 2/ adopted by the United Nations Conference on Environment and Development in 1992, is devoted to protecting and promoting human health, and sets specific objectives for the prevention and control of malaria and diarrhoeal diseases, along with the goals for child survival, development and protection endorsed by the World Summit for Children in 1990 (see A/45/625, annex). Agenda 21 responds directly to the recommendation contained in paragraph 4 of the agreed conclusions, in which the Council states that "prevention and treatment of these debilitating diseases should be included as a major focus of health and development efforts", and to the Council's concern, expressed in the recommendation contained in paragraph 5, that the root causes of the diseases be addressed by providing a multisectoral and integrated approach that responds to short-term needs, while at the same time providing for the long-term investments required.

6. Agenda 21 also addresses, as the Council suggested in the recommendation contained in paragraph 5 of the agreed conclusions, improving national capacity-building, food safety, nutrition, drinking water and sanitation, hygiene and education, especially of women. It highlights the interaction between poverty, environment, development and health, as referred to in the recommendation contained in paragraph 6 of the agreed conclusions and repeats the call made in the recommendations contained in paragraphs 9 and 10 for increasing the resources allocated to combating these problems. Health is also identified as a central concern in other major programmes of Agenda 21, including those related to water, atmosphere, housing, agriculture, toxic chemicals and hazardous and radioactive wastes.

7. The United Nations Commission on Sustainable Development, established to monitor the implementation of Agenda 21, will examine the critical elements of sustainability with particular attention to financial resources and mechanisms and to the need for capacity-building. The Commission's programme of work for 1994 includes the cluster of health, human settlements and fresh water, and of toxic chemicals, hazardous wastes and radioactive wastes. WHO serves as the Task Manager for human health and has prepared a background paper outlining reforms needed for the activities of chapter 6 of Agenda 21 to be realized. The background paper was prepared with the active participation of all major United Nations organizations for review by the Commission at its present session. (The Commission had not yet met when the present report was prepared, but several members of the Inter-Agency Committee on Sustainable Development, which reviewed the paper in March, expressed their appreciation of the extensive consultations which had taken place in its preparation.) The Subcommittee on Water Resources of the Administrative Committee on Coordination (ACC), which is currently chaired by FAO, is designated Task Manager for chapter 18 of Agenda 21 (Protection of the quality and supply of freshwater resources). Agenda 21 and the work of the Commission are providing a powerful stimulus for coordination within the United Nations system in the area of health, and, in turn, with other partners in development.

8. Follow-up actions are being pursued in relation to the 1990 World Summit for Children, which is also providing a continuing stimulus for coordinating the efforts of all partners in development. In 1993, a series of mid-decade (1995) goals were endorsed by the Executive Boards of UNICEF and WHO as stepping-stones to the goals for the year 2000 endorsed by the Summit. These include 80 per cent use of oral rehydration therapy and continued feeding to control diarrhoeal diseases; an increase in water supply by one fourth and sanitation by one third; and an increase in education rates, especially among girls. In January 1994, the Administrator of UNDP wrote to all resident representatives drawing their attention to those goals and requesting them to play an especially creative role, both to explore ways to strengthen linkages with other parts of the UNDP country programme and, as United Nations resident coordinators, to encourage other United Nations colleagues to play their part in strengthening linkages with their own activities. Also in January 1994, the Executive Director of UNICEF and the Director-General of WHO sent a joint letter to all heads of State asking them to lend their personal attention to the attainment of those goals. There is a conviction on the part of UNDP, UNICEF and WHO that a clearly enunciated consensus by the United Nations organizations concerned on the importance of the goals for 1995 and the year 2000 is a critical element in being able to achieve them.

9. To highlight the contributions of oral rehydration therapy (ORT) in reducing diarrhoea-related mortality, the United States Agency for International Development and the Society for International Development sponsored a meeting in March 1994 in collaboration with the Pan American Health Organization (PAHO), UNDP, UNICEF, the World Bank and WHO to celebrate the twenty-fifth anniversary of the discovery of ORT. The meeting was attended by scientists and international health leaders, including ministers or vice-ministers of health from 26 developing countries, who exchanged experiences gained in different regions and reached consensus on the challenges and tasks ahead for programmes to control diarrhoeal diseases. These programmes are currently active, with multi-donor support, in more than 100 countries.

10. The World Bank's World Development Report, 1993: Investing in Health, developed in close collaboration with WHO, provides yet another stimulus for coordination in the field of health and development. It echoes the themes from Agenda 21 on the interaction between poverty, environment, development and health, focusing on an analysis of the global burden of disease and the selection of cost-effective interventions for reducing that burden. It specifically identifies malaria and diarrhoeal diseases as priorities for national action and international support. It calls for increasing the investments being made in human development, including investments in research and development, through better allocation of national and international resources.

11. The impact of the World Development Report is illustrated by the follow-up actions taken by the international development community. In September 1993, three private foundations sponsored a meeting attended by several United Nations and bilateral development organizations at the Rockefeller Foundation facilities at Bellagio, Italy to consider actions needed to strengthen research and control related to global infectious diseases. In October 1993, the International Development Research Centre of Canada, the World Bank and WHO sponsored a

conference entitled "Future Partnership for the Acceleration of Health Development", which was attended by more than 150 people from developing countries, multilateral and bilateral development agencies, international organizations and foundations. The conference promoted consensus on the general conclusions of the World Development Report and discussed follow-up activities to help those conclusions to be translated into improved health and development investments at the country level. The World Bank and WHO are undertaking specific activities as a follow-up to that conference, as part of an ongoing process to promote health policy reform, to continue research on priority identification as recommended by the meeting at Bellagio and to promote increased and more effective investments in health development as recommended in the World Development Report.

12. Many other activities addressing broad issues relating to improved coordination of the United Nations system make specific reference to the problems of preventing and controlling malaria and diarrhoeal diseases. The Inter-Agency Steering Committee for Water Supply and Sanitation was initially established to coordinate the International Drinking Water Supply and Sanitation Decade (1981-1990) within the United Nations system. With the conclusion of the Decade, the Steering Committee was incorporated within the ACC Subcommittee on Water Resources as the official working group for drinking water supply and sanitation. In addition, the UNDP/World Bank Water and Sanitation Programme has been operating for over 10 years to develop improved methods of providing water supply and sanitation services to the poor and underserved through low-cost technologies and community approaches. The Programme, which collaborates with UNICEF and WHO, is active in over 40 countries and is financially supported by UNDP, the World Bank and some dozen bilateral development agencies. Another outcome of both the International Drinking Water Supply and Sanitation Decade and Agenda 21 is the Water Supply and Sanitation Collaborative Council, which was established in 1991 to act as a forum for water and sanitation practitioners from developing countries, United Nations organizations, bilateral development agencies, non-governmental organizations and the private sector. The Water Supply and Sanitation Collaborative Council increasingly acts as a link between official agencies and Governments needing water supply and sanitation assistance.

13. Other forums where consensus on mutually agreed-upon goals has been or will be reinforced include the 1991 Conference on Health Promotion and Supportive Environments for Health, sponsored by the Nordic Council of Ministers, UNEP and WHO; the 1992 Ministerial Conference on Malaria; the 1992 FAO/WHO International Conference on Nutrition; and the global conferences/summits concerned with population and development (1994), drinking-water and environmental sanitation (1994), women (1995), social development (1995) and human settlements (1996). The need to support sustainable human development and intersectoral strategies for doing so are emerging annually in UNDP's Human Development Report (which gives special emphasis to people-centred development, including education, health and an enhanced role for women), in UNICEF's report, The State of the World's Children (which in 1994 has placed special emphasis on breaking the spiral of mutually reinforcing effects of poverty, population growth and environmental deterioration) and in the World Bank's World Development Report. WHO will also shortly publish a new series of reports on health, emphasizing the

use of objective data for national decision-making and harmonization of priorities.

14. Each of the above activities helps to reinforce the "ethic of collaboration", which, as stated in the report of the Secretary-General (E/1993/68, para. 2), is needed to promote synergistic and complementary action by the organizations concerned.

15. The management structures of the Malaria and Diarrhoeal Disease Control Programmes of WHO are themselves designed to promote collaboration among United Nations agencies, bilateral development agencies and non-governmental organizations. Both Programmes call on a wide variety of external experts to advise on policies and strategies and efforts are made to involve representatives of organizations having the appropriate expertise. In addition, each Programme convenes an annual Meeting of Interested Parties to present the Programme and review follow-up actions from previous meetings, to discuss policies, strategies and resource requirements and to promote coordination among the resource-contributors, the representatives of developing countries and the WHO secretariat. These meetings provide a useful orientation for the participants and help to promote actions supporting the Programmes, which call on the comparative advantages of the various partners concerned.

Specific activities as a direct follow-up to the recommendations of the Economic and Social Council

16. The stimulus provided by the Economic and Social Council has led the Malaria and Diarrhoeal Diseases Control Programmes of WHO to enlarge the number of United Nations organizations invited to the Meetings of Interested Parties. In September 1993, for example, FAO, UNDP, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF and the World Bank were invited to attend the first Meeting of Interested Parties convened to discuss the global Malaria Control Programme. In 1994, additional invitations will be extended to the European Community, regional development banks, UNEP and UNESCO. The Diarrhoeal Diseases Control Programme will extend first-time invitations in 1994 to FAO, the Office of the United Nations Disaster Relief Coordinator (UNDRO), the United Nations Education, Scientific and Cultural Organization (UNESCO), the United Nations Industrial Development Organization (UNIDO), UNHCR and the World Food Programme (WFP).

17. In October 1993, in response to the recommendations contained in paragraphs 7, 8 and 11 of the agreed conclusions of the Council, WHO circulated copies of its policy and strategy documents relating to malaria and diarrhoeal diseases to the United Nations organizations contributing to the present report, asking for their endorsement and for their policy and strategy documents relevant to the prevention and control of these diseases.

18. In response to the circulation in October of the above policy and strategy documents, UNESCO endorsed the WHO Global Strategy for Malaria Control, which had been endorsed at the Ministerial Conference on Malaria in 1992. The Conference was attended by UNDP, UNICEF, the World Bank, the Commission of the European Communities and a number of other inter-governmental organizations, bilateral development agencies and non-governmental organizations. The Strategy

was endorsed by the World Health Assembly in May 1993. To date, some 25 malaria-endemic countries have used the Strategy as the basis for reorienting their national control programmes.

19. The recommendation contained in paragraph 8 of the agreed conclusions also made reference to the development of SPF-66, a new candidate malaria vaccine. Under the sponsorship of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), trials of this vaccine are continuing. Preliminary results announced in February 1994 from a field trial in the United Republic of Tanzania confirmed that the vaccine induces a strong immune response without causing harmful side effects. Attention is now being turned to the vaccine's effect in preventing disease, with results expected by October 1994. Additional studies are being pursued in Colombia (where the vaccine was first developed), the Gambia and Thailand. TDR is also pursuing a number of other studies relating to the development of better methods of malaria prevention and treatment. Research is also an important component of diarrhoeal disease control programmes. This includes vaccine development, the development of better solutions for oral rehydration therapy (including solutions based on ingredients in common use in the home), and studies of knowledge, attitudes and practices relating to the prevention, diagnosis and treatment of diarrhoea. Unfortunately, in contrast to the call for increased funding for research mentioned in the recommendations contained in paragraphs 9 and 10 of the agreed conclusions, research managed by WHO relating to the prevention and control of malaria and diarrhoeal diseases is experiencing declining levels of support.

20. The document entitled "WHO guidance on formulation of national policy on the control of cholera" was also circulated in October 1993, and has been endorsed by FAO and UNESCO so far. When all agencies have had the opportunity to comment, efforts will be made to issue these guidelines as a commonly agreed policy of the United Nations agencies concerned.

21. While the activities discussed below respond to the Council's conclusions and recommendations and in a number of cases may have been specifically stimulated by them, they also relate to ongoing activities of the organizations concerned.

22. FAO, the United Nations Environment Programme (UNEP), the United Nations Centre for Human Settlements (Habitat) and WHO participate in the Panel of Experts on Environmental Management for Vector Control (PEEM). PEEM participated in a three-day seminar on Tropical Diseases, Society and Environment, sponsored by the Swedish Agency for Research Cooperation with Developing Countries (SAREC) and TDR, held in August and September 1993, a major concern being how re-forestation could be accomplished without increasing the risk of malaria transmission. PEEM also participated in a WHO study group on vector control for malaria and other mosquito-borne diseases in November 1993.

23. Through the Codex Alimentarius Commission, FAO and WHO collaborate in the elaboration of codes of hygienic practice and food standards. Jointly with the International Atomic Energy Agency (IAEA) and FAO, WHO has reviewed and assessed the safety and nutritional adequacy of food irradiation. It collaborates with both agencies in the implementation of IAEA General Conference resolution 588 on the practical utilization of food irradiation in developing countries.

24. In January 1994, UNESCO, in cooperation with WHO, convened in Paris a meeting of experts on combating malaria. Participants shared research results and information on malaria control and identified avenues for cooperation between UNESCO, WHO and other organizations concerned. It was noted that there is certainly scope for school participation in community malaria control through health education and promotion of personal protection, early diagnosis and environmental improvements to reduce mosquito breeding. It was suggested that UNESCO could sponsor short-term fellowships for nationals involved in malaria research and control to strengthen country capacity-building, especially in Africa. Through its education, social science and communication sectors, UNESCO could provide assistance in the development of appropriate teaching and health education materials promoting prevention, community-based vector control and early diagnosis; in targeting non-formal education programmes integrating messages on malaria and diarrhoeal disease prevention and control to high-risk groups in endemic areas (such as women and school-age children); and in exploring innovative mechanisms of community mobilization for malaria control and in using low-cost media for more general health promotion.

25. In February 1994, the heads of UNDP, UNICEF and WHO, along with representatives of the World Bank, the Rockefeller Foundation and several bilateral and multilateral development agencies, met in New Delhi with ministers of health and other representatives of some 15 developing countries to consider ways of integrating health services and the contributions of these services to achieving the mid-decade goals endorsed by the World Summit for Children (see para. 8 above). The meeting was preceded by field visits to health services in a number of different areas in India. The prevention and control of diarrhoeal diseases were specifically addressed, both as an element of the goals and as an important component, along with malaria, of providing an integrated response to the care of the sick child.

26. The meeting was sponsored by the Task Force for Child Survival and Development, which is composed of UNDP, UNICEF, the World Bank, WHO and the Rockefeller Foundation. The Task Force was established in 1984, and, through quarterly meetings of its members as well as through international meetings held every two or three years, has contributed to coordination among these organizations as well as with national Governments and other international development partners.

27. In the recommendation contained in paragraph 16 of its agreed conclusions, the Council emphasized the importance of education, including the use of the mass media. The importance of women in preventing and ensuring early treatment for malaria and diarrhoeal diseases has been repeatedly emphasized, as has the toll that malaria takes on women, especially during a first or second pregnancy. The World Development Report identified expanded education, especially for women, as part of a strategy for fostering an environment that enables households to improve their own health. This echoes the call from the World Summit for Children to achieve by the year 2000 "universal access to primary education with special emphasis for girls and accelerated literacy programmes for women" (A/45/625, annex, appendix, sect. II), itself spurred by the World Bank, UNDP, UNESCO and the UNICEF-sponsored World Conference on Education for All in 1990. Themes considered by the forthcoming global conferences/summits on

population and development, women, and social development (see para. 13 above) will emphasize the importance of the woman in her own right and as a partner in social and economic development. The education of girls and women stands as a high priority for the United Nations system. Other examples of activities related to education are provided below.

28. Educating the consumer and all those involved in the food handling and processing chain in proper hygienic and manufacturing processes is an important aspect of the FAO technical assistance programme with member countries, frequently carried out in collaboration with WHO. Training courses, workshops and seminars have been organized in Africa, Asia and Latin America and the Caribbean with the objective of preventing food spoilage and microbial contamination and reducing the risk of diarrhoeal diseases, particularly among the poor segments of the population in rural and peri-urban areas. Special video training programmes to educate street food vendors and special consumer educational campaigns (radio and television) have been designed with the technical assistance of FAO. FAO has also collaborated with national authorities in Guatemala, Peru and the Philippines in the review of the safety of foods sold to primary schoolchildren, including "street foods", as part of the strategy to reduce the risk of diarrhoeal diseases.

29. There is concern that the role of food quality and safety in the prevention of diarrhoeal diseases, including cholera is not sufficiently appreciated. This results in food quality and safety efforts receiving a low priority within many programmes concerned with agriculture, education and health. There is also fragmentation of food quality and safety responsibilities within ministries of health and other ministries, which results in lack of coordination and communication. The current cholera pandemic is providing a stimulus for remedying these difficulties, although much remains to be done.

30. UNESCO fully supports the need for intersectoral cooperation in the context of more comprehensive programming that promotes primary health care. This approach can respond to the basic needs of people in under-served areas and give attention to priority health problems, including malaria and diarrhoeal diseases, that are associated with conditions of poverty and the lack of basic amenities such as safe water and sanitation.

31. Further to the meeting on combating malaria (see para. 24 above), UNESCO and WHO have developed a joint project which aims at involving the educational sector and educational personnel in malaria prevention and control, especially at the local level. Through community-based interdisciplinary assessments, an educational methodology will be developed which will guide relevant and culture-specific formal and non-formal education for health, responding to local conditions and needs, especially in socio-economically deprived areas of Africa, and supporting existing malaria control strategies at the national and local levels.

32. Further to the recommendations of the General Conference of UNESCO at its twenty-seventh session, in October 1993, the organization's health and nutrition-related activities concerning schoolchildren are being clustered and synchronized with the work of other specialized agencies such as FAO and WHO. UNESCO considers that initiatives to improve the health and nutrition of

school-age children can help to consolidate human development efforts and lay a foundation for future human resource development efforts. In the coming months, UNESCO will identify countries and groups of countries in which it can participate with other United Nations organizations in field-based activities to address concerns and issues relating to malaria, diarrhoeal diseases and other health and nutrition problems affecting school-age children. In policy terms, addressing the health and nutrition problems of school-age populations is not only important for the general well-being of this group, but central to the struggle to democratize access to and participation in primary education, for both girls and boys.

33. Since 1992, UNESCO has been reviewing the environmental health conditions in primary schools in depressed rural and urban areas of Africa and Asia to complement its field research in rural schools in Africa (ongoing since 1989). It is already clear that many of these schools suffer because of the complete absence or the abysmal condition of basic amenities such as water and sanitary facilities, contributing to under-nutrition and the spread of disease. Ill-health and under-nutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance and early school dropout.

34. UNICEF and WHO are collaborating in disseminating food safety messages essential for the prevention of cholera and other diarrhoeal diseases. These organizations are also planning to convene a workshop on fermentation as a low-cost household technology for reducing contamination and preventing diarrhoea, and a major consultation on the safety of weaning foods to promote strategies for preventing diarrhoea among infants and young children. WHO has developed a training manual for the education of primary health workers and nutritionists to promote hygienic handling of food at the household level. In collaboration with UNICEF, WHO has also developed methodologies for selecting those behaviours which are critical to the prevention of contaminated food; these have been field-tested in Asia and Latin America.

35. In view of the high risk of food-borne diarrhoea for travellers, WHO collaborates with the World Tourism Organization in the prevention of traveller's diarrhoea. Regional conferences on food safety and tourism were held in 1991 in Tunisia, for Africa and the Mediterranean, and in 1992 in Mexico for Latin America. The latter meeting was organized with the collaboration of FAO. WHO and the World Tourism Organization are also collaborating in educating professional food-handlers in food service establishments and in educating travellers to avoid foods which may present a high risk of contamination.

36. In the recommendation contained in paragraph 17 of its agreed conclusions, the Council addressed the issue of ensuring the compatibility of the health and management information systems of the United Nations, noting that support for the development and implementation of appropriate information systems, such as improved disease surveillance, including early warning systems for epidemics, should be provided as an integral part of strengthening health services.

37. Coordination of monitoring activities is being pursued at the global level by UNICEF and WHO. With respect to malaria, joint efforts are focusing on strengthening local capabilities for disease surveillance. The prediction of epidemics is one of the main activities of the health services in all

epidemic-prone areas, which include highlands, desert fringes, forest areas attracting agricultural activities, mining areas and areas subjected to socio-political unrest, natural disasters and the movement of displaced or refugee populations. UNICEF participated in meetings of WHO Regional Working Groups on Malaria Control convened in March 1993 in Brazzaville and New Delhi, where a number of standard indicators to facilitate the forecasting and early detection of epidemics were developed and endorsed. In September 1993, UNICEF participated in a WHO-sponsored meeting in Burundi with programme managers from seven francophone African countries to define indicators for national malaria control programmes. Of particular importance was the recommendation that African countries monitor the speed of their health information systems to ensure a rapid and effective response to potential malaria epidemics. The same recommendation is applicable to the surveillance of cholera and dysentery epidemics.

38. With respect to diarrhoeal diseases, after a process of field experience and analysis, UNICEF and WHO have agreed on four key indicators to measure progress in the control of diarrhoeal diseases, and have developed household and health facility surveys to measure them. The indicators relate to the adequacy of the knowledge of mothers, the proportion of the population with access to oral rehydration salts and the proportion of children with diarrhoea who are receiving adequate treatment (at home and in health facilities).

39. WHO, with the International Development Research Centre of Canada, is developing geographical information systems for control and monitoring of diseases, and supports countries in developing national applications. In Botswana, for example, priority has been given to malaria, diarrhoeal diseases and schistosomiasis. The project emphasizes training and technology transfer and focuses on strengthening local, provincial and national capacities to collect and use multisectoral information in decision-making.

40. UNICEF and WHO have also evolved a set of standard indicators which countries can use to assess their progress towards other health goals, such as those endorsed by the 1990 World Summit for Children and those included in WHO's Global Strategy for Health for All by the Year 2000.

41. In paragraph 18 of its agreed conclusions, the Council recommended that strategies for the development of human resources take explicit account of the technical expertise required for preventing and controlling malaria and diarrhoeal diseases. WHO has developed the technical materials required for this, and is collaborating with a variety of other partners (including FAO and UNESCO, see paras. 31 and 32 above) to strengthen national capacities in this regard.

42. WHO, in close collaboration with the European Community and UNDP has initiated the "Managing Tropical Diseases through Education and Understanding" (MANTEAU) project for producing the technical materials required for national capacity-building with respect to malaria control. In Uganda, the project sponsored a multisectoral consultation, which has resulted in the mobilization of support to strengthen national managerial capacities, with emphasis on training, supervision, and information system development.

43. A major need has emerged with respect to training of health staff in the control of diarrhoeal diseases and cholera in the Central Asian republics (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and Kazakhstan. UNICEF and WHO developed a joint support plan for 1992-1993 which stressed the development of national managerial and technical capacities. More recently, UNDP joined in support of those training activities.

44. UNIDO has established new priorities for its technical cooperation programmes in developing countries. In addition to its traditional technical assistance projects in relation to the pharmaceutical industry, priorities which directly relate to the prevention and control of malaria and diarrhoeal diseases include quinine, chloroquine phosphate and artemisinine as anti-malarial drugs; antibiotics, oral rehydration salts and large volume parenterals; pesticides/bio-pesticides; and safe water.

Coordination activities with a specific regional focus

45. A variety of coordination efforts have had a specific regional focus. In the face of the recent cholera epidemic, FAO and WHO/PAHO have worked intensively in the region of the Americas to prevent and control the spread of diarrhoeal diseases, including cholera, to develop regional strategies to coordinate interventions and promote the exchange of information on the magnitude of the problem, the location of the people affected and on actions taken to improve the situation. These actions have emphasized food safety, hygienic food handling, particularly at the household level, and water quality. Training manuals and videos on food hygiene have been prepared by FAO for the training of food inspectors and food vendors. FAO, PAHO and the United States (the Centers for Disease Control and Prevention, the Food and Drug Administration and USAID) participate in a regional project for English-speaking Caribbean countries. As part of this, FAO organized a training course on Food Microbiology in Trinidad and Tobago in January 1994.

46. Southern Africa has been a focus of cholera and dysentery prevention and control efforts, undertaken within the efforts directed towards alleviating the larger problems precipitated by drought. UNICEF, UNDP and WHO coordinated the preparation of the health section of the Drought Emergency in South Africa appeal, which included guidelines on cholera epidemic preparedness. In October 1993, UNDP, UNICEF, UNHCR, WHO, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies planned their joint actions for future emergencies in southern Africa, including their responses to cholera and dysentery epidemics. UNHCR and WHO jointly reviewed the epidemic situation in refugee camps. Collaboration among the United Nations agencies to address these drought-related problems has been excellent.

47. In 1993, a cooperative activity to develop and test participatory tools for hygiene education was begun in East Africa. This involves the UNDP/World Bank Water and Sanitation Programme, UNICEF and WHO, which plan to issue jointly a training of trainers manual and a set of graphic materials following testing of the materials in four African countries and a workshop in Zimbabwe in May 1994.

48. UNICEF and WHO have promoted the use and local production of oral rehydration salts (ORS) for many years, creating a joint post for an industrial engineer in 1981. Progress in local production, in part through UNIDO support, has been rapid in Asia and Latin America, but in Africa, most of the ORS is imported. In 1993, UNIDO developed a programme concept for the Integrated Development Programme for the Local Production of Health Sector Inputs for the African Region. In November 1993, WHO and UNICEF agreed with UNIDO to start collaboration on ORS production in Nigeria as a part of this UNIDO initiative.

49. With UNEP support, FAO, Habitat and WHO have joined efforts to promote the safe use of waste-water and excreta in agriculture in arid and semi-arid regions where poor populations live. Workshops on waste-water use have been held in the Eastern Mediterranean and Western Pacific regions and in Latin America and are planned for Africa and South-East Asia. FAO collaborated with the Government of Chile in the implementation of a project to control the quality of waste-water used in agriculture around the city of Santiago. A similar project is planned for the Central American countries. In addition, FAO, in collaboration with the Mediterranean Action Plan of UNEP, is vigorously promoting the safe use of treated municipal effluents in agriculture and agro-forestry in the Near East and Mediterranean countries. The Regional Office for the Near East of FAO has recently published a series of information bulletins on this subject, specially designed for extension workers, farmers and the general public.

50. In the Eastern Mediterranean Region, an action-oriented school health curriculum has been developed jointly by the Islamic Education Scientific and Cultural Organization, UNESCO, UNICEF and WHO for use in primary schools. This includes a teacher's guide, a teacher's resource book and a national guide. Bahrain, Egypt, Jordan, Morocco and the Sudan are already using the curriculum, while 12 other countries are in the process of introducing it.

51. The misfortunes of civil disruption have placed a premium on coordination among United Nations organizations in controlling malaria, especially in such countries as Afghanistan, Iraq and Somalia. Close coordination of diarrhoeal disease control activities is being maintained in Pakistan between the government, UNICEF, USAID and WHO and in Egypt between the Government, UNICEF and WHO. In response to recent cholera epidemics, WHO representatives in Afghanistan, Djibouti, the Islamic Republic of Iran, Somalia and Yemen organized coordination meetings with other United Nations organizations and succeeded in mobilizing resources for their control.

52. Malaria and diarrhoeal diseases, including cholera, remain major public health problems in the regions of South-East Asia and the Western Pacific. Foci of multi-drug resistant falciparum malaria are found from Myanmar in the west to Viet Nam in the east. Bangladesh and India are among the countries where cholera is endemic. UNDP and the World Bank are the major contributors of external resources to address these problems, with support from UNICEF and WHO, as well as from several major bilateral development agencies. WHO has the lead role in providing technical expertise and guidance, while other contributors are the major sources of financial and operational support. FAO is active in a number of these countries in promoting safer technologies of food preparation, especially for "street foods". A leading regional research institution is the International Centre for Diarrhoeal Disease Research, Bangladesh (see para. 62

below). Additional financial and human resources are needed in the South-East Asia and Western Pacific regions to strengthen collaborative efforts between countries and between agencies in controlling these diseases and to support capacity-building through training, programme reviews and operational research.

B. Country level

53. In the recommendations contained in paragraphs 12 to 14 of its agreed conclusions, the Council highlighted the country as the most important focus for coordination, and urged that both country and United Nations organization mechanisms for coordination be strengthened, to include coordination with non-governmental organizations and with the private sector. Examples of activities at the country level are given below; they are not intended to provide a comprehensive review of all such activities.

54. The joint FAO/WHO International Conference on Nutrition, which also received support from UNDP and other organizations, had recommended the creation, at the country level, of intersectoral coordination mechanisms to ensure the concerted implementation, monitoring and evaluation of policies, plans and programmes. It also emphasized participation of the community in all aspects of planning and execution of nutrition and food safety activities. As a follow-up to the Conference, FAO and WHO are cooperating with countries (45 in 1993) to develop their national plans of action for nutrition, focusing on intersectoral coordination and collaboration. In southern Africa, UNICEF and WHO are starting to collaborate on educating health workers in food safety. A manual for training health workers is being developed.

55. The Panel of Experts on Environmental Management for Vector Control (PEEM) promotes an inter-agency and interdisciplinary approach to environmentally safe techniques to control water-borne disease, including malaria. It has had recent activities in Benin (National Seminar on Agricultural Development and Health, November 1993), Bangladesh (mission concerning WHO's Healthy Cities programme, October 1993), Mexico (participation in one of three planned regional workshops on the health aspects of waste-water use for irrigation, October 1993) and Kenya (participation in a UNEP training course on eutrophication of reservoirs in Africa, October 1993). Preparatory missions for the twelfth PEEM technical discussions on incorporating a health component into integrated river basin development and management were organized in the Lao People's Democratic Republic, Thailand and Viet Nam (for the lower Mekong Basin) in November 1993 and in Lesotho, Mozambique, Zambia and Zimbabwe (for the Zambesi Basin) early in 1994.

56. A more recent United Nations system initiative, led by FAO in collaboration with the above organizations, is the International Action Programme on Water and Sustainable Agricultural Development (IAP-WASAD) which, among other things, has identified water-related health issues as a priority area for action. Programmes and projects are being formulated on water-borne diseases for implementation in a number of countries. In addition, a Technical Consultation on Integrated Rural Water Management was held in March 1993 involving a number of United Nations organizations. The consultation has recommended a number of

country-level actions to promote rural health with particular reference to the provision of safe drinking water and sanitation to the rural poor.

57. Under this initiative FAO is in the process of completing case-studies in the United Republic of Tanzania and Zimbabwe on country-level collaboration in water resources development and its relation to risk of diseases, including malaria and diarrhoeal diseases. Initial results point to lack of sufficient within-country consultation, a problem in part related to the failure to take explicit account of health risks in the planning phases of these projects and in part related to weak capacities of ministries of health to contribute to the discussions of potential health risks and the means to reduce them. However, despite the problems, considerable progress has been made in a number of areas. Sensitivity to the need to incorporate health concerns in development projects is increasing and measures are available which in many instances can contribute to the healthy development of water resources at an affordable cost.

58. The UNDP resident representative plays the leading United Nations coordination role at the country level, a role enhanced by the fact that the resident representative also serves as the representative of the Secretary-General in coordinating the development activities of the United Nations system. The Administrator of UNDP has indicated his commitment to further strengthening the coordination and advocacy roles of UNDP at the country level (for an example of positive action in this regard, see para. 8 above). UNDP is to emphasize issues related to equity, poverty alleviation, job-led growth, sustainable food security and education for all, with special emphasis on girls and women. Its actions are intended to set a broad context in which development actions taken by many other partners are facilitated, all as contributions to sustainable human development. These orientations strongly support the more specific concerns of those addressing the problems of malaria and diarrhoeal diseases and will be helpful in moving the world agenda for development forward.

59. UNDP is providing some US$ 1.8 million for an 18-month project executed by WHO to support government malaria control activities in Myanmar, where malaria is a leading cause of morbidity and mortality. This focuses on disease management, disease prevention, epidemic control and programme management.

60. UNIDO activities at the country level include a project in the Syrian Arab Republic, implemented in 1993 with WHO, on the integrated development of the national pharmaceutical industry, a 1993 updating of a previous World Bank report on the rehabilitation of a chinchona plantation, improvement of pilot production of quinine salts in Guinea, and, with UNDP, promoting the Pharmaceutical Technology Service Centre in Thailand, which provides consultant services to more than 150 local companies in establishing compliance with Good Manufacturing Processes.

61. Communication and health education activities are an important component of coordination activities at the country level, as referred to in the recommendation contained in paragraph 16 of the Council's agreed conclusions. UNICEF and WHO intensified their support to the Government of Egypt when, in 1992, at the end of USAID support, there was a reduction in communication activities relating to the national diarrhoeal diseases control programme. A

revised communication strategy was developed on the basis of field studies, and new television spots are currently being aired on the prevention and treatment of diarrhoea. Training activities have increased the emphasis placed on teaching health workers to communicate more effectively with mothers.

62. Bangladesh is the focus of a number of collaborative activities:

(a) Research conducted by the International Centre for Diarrhoeal Disease Research, Bangladesh, where oral rehydration therapy was first introduced (the Centre was then known as the Cholera Research Laboratory), continues to provide important insights into the prevention and treatment of diarrhoeal diseases, including cholera. The Centre receives broad support from the international community, including UNDP, UNICEF, WHO and bilateral development agencies, in addition to strong support from the Government of Bangladesh. Experts from the Centre have been used by WHO and others to advise other countries, including those in South America;

(b) External support to the national diarrhoeal diseases control programme is mainly provided by UNICEF, the World Bank and WHO, with WHO acting as the executing agency for the diarrhoeal diseases component of the Bank's Fourth Population and Health Project;

(c) UNICEF, the World Bank and WHO are also collaborating in strengthening teaching related to diarrhoeal diseases in medical schools in collaboration with the Government and medical school staff. Workshops for teachers are being held in 1994;

(d) In the field of communications, UNICEF, WHO and USAID are collaborating in testing a field guide for making effective use of radio in support of diarrhoeal diseases control. The objective is to reach families that do not come to health facilities, and to reinforce the messages which health workers give about prevention and home case management;

(e) Within the World Bank's Fourth Population and Health Project, support is being provided to the integrated control of vector-borne diseases, targeted at controlling malaria, kala-azar, filariasis and dengue. This project is being implemented by WHO.

63. UNICEF and WHO are planning to collaborate in a trial of different strategies for protecting pregnant women against malaria in Kenya, to be conducted by national staff with support from the United States Centers for Disease Control and Prevention.

64. A UNICEF, WFP and WHO collaborative activity in Mauritius aims at supporting the Ministry of Health in improving the health of pre-primary and primary schoolchildren through a de-worming programme. The focus is on both short-term efforts (chemotherapy for de-worming and food supplementation) and long-term efforts (improved water supply and sanitation) in the district of Rodrigues. Each partner is providing complementary support according to its comparative advantages. Evaluation has revealed a significant impact on the prevalence of worms and suggests a reduction in the intensity of worm transmission.

65. Cholera and diarrhoea have provided the stimulus for coordination in a number of countries. In Africa, in response to an epidemic of dysentery in Burundi in 1993, the Ministry of Health established a Permanent Operational Cell and, with WHO support, organized a committee which includes UNDP, UNICEF, WHO and the World Bank as well as the Economic Commission for Europe, Coopération Belge and Coopération française to coordinate control activities. The committee met weekly on WHO premises and succeeded in mobilizing the resources required to control the epidemic in accordance with the national plan, including the provision of nalidixic acid (required to treat the shigella organism causing the epidemic, which was resistant to the standard antibiotics available in Burundi) and soap for personal hygiene. A surveillance system to monitor shigella susceptibility to nalidixic acid was established and mass education activities were carried out to promote frequent hand washing with soap and hygienic storage of drinking water at home.

66. UNDP, UNICEF, WHO, Belgium, France and Médecins sans frontières (MSF) provided coordinated support to the Ministry of Health of Rwanda in response to the desperate situation of internally displaced persons early in 1993. They addressed problems which included malnutrition, dysentery and a malaria epidemic. The latter was successfully controlled through house-spraying and treatment of fever cases. UNICEF, Belgium and France ensured supplies, MSF provided services and WHO provided technical guidance.

67. At the request of the Ministry of Health, UNDP, UNICEF, UNHCR and WHO have formed a coordination group to address the outbreak of cholera and dysentery in Zimbabwe. Activities included coordination of the procurement and distribution of supplies and the exchange of epidemiological information. UNDP and WHO supported the Ministry in the organization of a donors coordination meeting to raise funds for cholera control.

68. Similar coordination is taking place in a number of countries in the region of the Americas. In Latin America and the Caribbean, FAO and PAHO have collaborated with national authorities in efforts to control the cholera epidemic. In Belize, FAO has been assisting the Government to control cholera by providing training in the management of street food control, street food inspection and food microbiology. This complements the support being provided by PAHO in the fields of sanitation and treatment of patients. In Bolivia, the Inter-American Development Bank, UNICEF, the World Bank, WHO/PAHO and USAID participate in an inter-agency committee which supports the Government's Emergency National Campaign on Diarrhoea and Cholera. Coordinated support is provided for training in case management, epidemiological surveillance and weekly reporting of cases, strengthening of community oral rehydration units and the use of the mass media for social communication. FAO also provided technical assistance to Bolivia on the control of street foods as part of the strategy to prevent the spread of cholera. Similar projects implemented by FAO in Central America, Ecuador, Colombia and Peru were concluded during the first part of 1994. In Ecuador and Guatemala, FAO and PAHO representatives are permanent members of and advisers to national commissions dealing with food protection. In Uruguay, a joint FAO/PAHO Workshop on Control of Street Food was held in May 1994, which reviewed experience gained in recent years in controlling the safety of food offered by the informal sector.

69. In Peru, an Inter-Agency Coordinating Committee meets monthly to support the National Action Plan for Children. Agencies involved include FAO, the United Nations Population Fund (UNFPA), UNICEF, WFP, WHO/PAHO, the Inter-American Development Bank and USAID. The focus of support is well defined for each agency. WHO/PAHO provides technical guidelines, training materials and evaluation guides, as well as support for the training of health facility staff in programme management and the clinical management of diarrhoea and cholera. It also supports strengthening medical and nursing school teaching about these diseases. UNICEF supports the local production of oral rehydration salts and, with WFP, supports the establishment of community oral rehydration units and communication activities, including the training of community health workers and social communicators. FAO and WFP collaborate in food safety activities. The Inter-Agency Coordinating Committee has prepared a joint plan of action for the biennium 1994-1995.

70. Paragraphs 66-69 above, as well as paragraphs 9, 12, 25 and 26, respond to the concern expressed by the Council in the recommendation contained in paragraph 14 of its agreed conclusions that better coordination among bilateral donors and between bilateral donors and the United Nations system is essential. The many references to the issues noted by the Council in the recommendation contained in paragraph 5 (improving national capacity-building, food safety, nutrition, drinking water and sanitation, hygiene and education, especially of women) testify to the priority being attached to them by the organizations contributing to the present report. The above examples testify to the many instances in which coordination of the United Nations system, and coordination between the system and bilateral donors, is working well at the country level. These efforts are guided by the objective of providing efficient and effective support to national development.

II. PROBLEMS OF IMPLEMENTATION

A. Global and regional levels

71. In the recommendation contained in paragraph 19 of its agreed conclusions, the Council requested that the report on the implementation of the Council's recommendations specify goals, work-plans and time-frames and resource needs for achieving them. It has not been possible to meet that request in the time available for the preparation of the present report, and the experience gained so far in following up the recommendation suggests that this will remain a challenge. The most important site of action is at the country level and the most important actors are in the country itself. While national health development plans of action are being reviewed at the global level, much additional time and effort would be required to extract from each plan information on the additional resources needed from each of the many collaborating partners. The country strategy notes may provide a useful means of addressing this issue further.

72. In the meantime, work at the global level has been progressing. The follow-up work on Agenda 21 by the Commission on Sustainable Development provides one example; the mid-decade and year 2000 goals derived from the World Summit for Children and the analysis and recommendations contained in the World

Development Report, 1993: Investing in Health, in the report on The State of the World's Children and in the Human Development Report are other examples. WHO continues the process begun over a decade ago to monitor progress in achieving its goal of Health For All by the Year 2000, and uses its three-year progress reports as a basis for refining its goals and strategies in collaboration with other partners to better support its member States. Dialogue has been started between UNESCO and WHO to reinforce educational support in formal, non-formal and adult education programmes for the prevention and control of malaria and diarrhoeal diseases (see paras. 24, 31 and 32 above).

73. WHO has evolved action plans for the prevention and control of malaria and diarrhoeal diseases in collaboration with other United Nations organizations and other development partners, including non-governmental organizations and the private sector. The major efforts of WHO have been directed towards reinforcing the support for these plans, while continuing to develop them in response to the evolving challenges presented by malaria and diarrhoeal diseases. The plans provide a common base for technical understanding, which facilitates the development of national plans of action and the support of outside partners for those plans. WHO is also collaborating with other United Nations organizations in supporting their initiatives relating to their special fields of expertise, as reflected in the examples of FAO, UNESCO and UNIDO in paragraphs 28, 31 and 48 above.

74. The work of coordination remains difficult, however, particularly when intersectoral issues are addressed. In its annual report for 1992/93, PEEM has observed that while most of the agencies have redefined their objectives to include principles of sustainable development, their internal structures remain generally sector-oriented and appraisal procedures for proposals for intersectoral action of multidisciplinary research are not functioning adequately. It points out that resources newly earmarked for environmental issues tend to be channelled to activities related to climate change, ozone-layer depletion, biodiversity, desertification and the environmental protection of fresh water resources, and that, so far, the health dimension of environmental change appears to take a back seat in this context. It further points out that the overall level of resources available for technical cooperation with developing countries is affected by the need to increasingly support humanitarian aid and peace-keeping operations. PEEM is of the view that support for multidisciplinary research on the interface between health and agriculture is hampered by the fact that (a) both sectors are already perceived as receiving substantial research funding separately through the Consultative Group on International Agricultural Research (CGIAR) and TDR programmes; (b) as support for CGIAR decreases, directors-general of the CGIAR institutes are forced to focus on core research at the expense of research on cross-sectoral issues; and (c) technical cooperation has a higher priority than research.

75. One lesson learned from the PEEM experience is that effective coordinated action is promoted by well-designed scopes of work for inter-agency collaboration and a clear designation of the responsible divisions/programmes within each agency.

B. Country level

76. A number of mechanisms for strengthening national capacities to coordinate outside inputs as well as for strengthening the coordination of the United Nations system within countries and the coordination of the United Nations system with bilateral and other multilateral partners have been proposed (see document E/1993/68 and the recommendation contained in paragraph 12 of the Council's agreed conclusions). It is recognized not only that the country is the most important focus for coordination, but also that most of the significant problems relating to lack of coordination manifest themselves at that level. While efforts are being continued to strengthen mechanisms such as country inter-agency coordinating groups and to use country strategy notes to facilitate outside support for national plans, these mechanisms have yet to emerge as a dominant approach for addressing country coordination matters.

77. One well-known management expert has indicated that, so long as people agree on goals, it does not matter very much how they are organized. And, if people do not agree on goals, it does not matter very much how they are organized. This perhaps provides a clue to further improving country-level coordination. The specific recommendations which have been provided by the Economic and Social Council will help to further promote coordination, but these specific efforts can be expected to be most successful when there is also an "ethic of coordination" held by all partners in common.

78. The International Labour Organization (ILO) has promoted social health insurance as a powerful mechanism to improve the quality of and access to health care while providing consumers with incentives to recognize their own responsibilities in maintaining good health. Yet the ILO experience echoes that of others: what is most often visible and popular in such systems is curative care, including hospitals and health centres. Preventive services, including those critical to the prevention and control of malaria and diarrhoeal diseases, are less visible and difficult to support adequately.

79. Problems cited in a number of countries relate to different external agencies pursuing disease prevention and control strategies at the country level which differ from those supported by the Government, and which differ from each other. This problem is particularly troublesome in emergencies, when the time for consultation is short, but is certainly not limited to emergencies. Further strengthening of government coordination efforts, supported by the United Nations system, is seen as a continuing need. In both long-term and emergency situations, development partners should reach consensus with the Government about how each can use its comparative advantages to best address the problems at hand. For emergencies, this can only be accomplished realistically through emergency preparedness, for which outside development partners should devote sufficient resources, particularly as these investments can reap substantial savings in both lives and costs when an emergency occurs.

III. CONCLUDING OBSERVATIONS

80. In the recommendations contained in paragraphs 20 and 21 of its agreed conclusions, the Council called attention to the need to facilitate better coordination of United Nations organizations in supporting countries in addressing other national health priorities, especially those relating to health and development. As indicated in the present report, substantial efforts are being invested in coordinating the activities of the United Nations system in the fight against malaria and diarrhoeal diseases. Improving coordination remains a continuing challenge and needs to be continuously monitored and nurtured at all levels of the United Nations system and supported by countries.

81. The efforts of the United Nations system to improve coordination are sometimes complicated by differences in cultures and attitudes, however. The view of the role of women in society provides one such example. This view exerts a profound influence on the strategies which can be implemented to promote health and human development, including the strategies specifically aimed at the prevention and control of malaria and diarrhoeal diseases. The success of the United Nations system in coordinating its own efforts will be a critical factor in surmounting these cultural differences in order to find solutions permitting further harmonious evolution of world society and appropriate ways of promoting the health of individuals and communities.

82. The difficulties in fully responding to the recommendation contained in paragraph 19 of the agreed conclusions relating to the specification of goals, work-plans and time-frames and resource needs for achieving them were noted in paragraphs 71-75 above. Progress has been made, however, and work on joint plans of action will continue. This will be facilitated by the general actions being pursued within the United Nations system to promote coordination, themselves stimulated by the increasing recognition of the benefits for all concerned of ensuring that the comparative advantages of each organization are brought to bear appropriately on the problem(s) at hand.

83. While it is recognized that the recommendations contained in paragraphs 19 to 21 of the agreed conclusions, the Council's other recommendations and the recommendations contained in the report of the Secretary-General submitted to the Council in 1993 (E/1993/68) are of continuing relevance, the observations set out below address seven broader issues.

84. First, there is a need to further reinforce consensus within the United Nations system on specific priorities. Much has been achieved in recent years in providing a world vision of broad development needs, and, while efforts need to be continued to share that vision widely, including the vision of an "ethic of collaboration", further emphasis is needed to translate that vision into specific actions. Effective coordination depends on identifying the specific ways in which each partner can identify with and contribute to the general priorities agreed upon. William Blake has perhaps said it best: "He who would do good must do it in minute particulars; general good is the plea of the scoundrel, hypocrite and flatterer."

85. Second, the number of priorities must be limited. Consensus is one of the most powerful forces available to effect change. In the health field, the

extraordinary success in the past decade of the Expanded Programme on Immunization has largely been the result of the consensus by the major actors that the immunization of the world's children was something that could and should be done. As the development agenda is broadened, and as more intersectoral coordination is required for success, it becomes increasingly difficult to obtain the degree of consensus needed to achieve rapid progress.

86. This limitation of priorities does not imply that the United Nations system, as well as the many other partners in development, should not remain concerned with and involved in the bewildering complexity of other relevant issues which influence the world's evolution. Many constituencies of varying size now address these problems, each forming partnerships with others as the issue at hand requires additional, or a different spectrum of, resources. These many constituencies are needed. Yet the United Nations system, as well as the broader development community, cannot all address each problem. If the power of broad consensus is to be used to promote global action, a strictly focused agenda is called for.

87. Third, goals and targets are important and act in synergy with the systems on which they depend. Systems are required for sustainability. Goals and targets are needed for efficiency and for advocacy. They provide an objective gauge of performance, and a stimulus for adjusting strategies as needed. They are important for intersectoral coordination in giving each sector a means of monitoring how its actions are contributing to the overall goal. And they are important in providing countries and outside resource contributors with the ability to monitor outcomes and to document that they are achieving "value for money".

88. Fourth, the limited set of priorities, each with goals and targets, should evolve as world capacities evolve. They should not be changed too rapidly, however, as it may take several years for the degree of consensus needed to effect change to evolve. Consensus-building is still continuing with respect to the priorities identified in the World Summit for Children and Agenda 21 and further highlighted in the World Development Report, 1993: Investing in Health. This consensus-building needs to continue in the context of the other global conferences and summits which are to take place in the next few years. Each will have its own special theme. But each should also promote further agreement on goals already adopted. It is in the context of these broader themes that the prevention and control of malaria and diarrhoeal diseases should be addressed.

89. Fifth, while better use of available resources is certainly needed, additional resources are required to accelerate development efforts, especially in the least developed countries. They must come from a reordering of national priorities to make sustainable human development a primary concern of all Governments of the world. Rather than reducing the share of official development assistance and national expenditures devoted broadly to human development, as has been the case during the past decade or so, that proportion should be increased. The United Nations system should consider providing strong advocacy for increasing those investments.

90. Sixth, development efforts will not be successful as long as the resources required for development are compromised in order to meet emergency humanitarian

needs, as reflected in the recommendation contained in paragraph 15 of the Council's agreed conclusions. This represents, of course, a vicious circle. Sustainable human development is the means and long-term solution to world peace and prosperity. Yet emergencies must be addressed. Adequate resources must be available for both. This implies a stronger role for the United Nations system in peacemaking and peace-keeping within an overall strategy for promoting sustainable human development. This strategy, in turn, rests on the arguments made above for identifying a limited set of priorities, along with measurable goals and targets, as a major approach for strengthening consensus and for mobilizing the resources required both within countries and internationally.

91. Finally, while these recommendations have intentionally focused on the United Nations system, that system derives its legitimacy and effectiveness from the values of individuals, families and communities. The suggestion for a strictly focused United Nations agenda is not based on the idea that a few should tell many what to do, but, on the contrary, is based on the concept that a truly global consensus, derived from the individual, can only be developed around those issues which rise into prominence through the willing acceptance and support they elicit from the many concerned.

Notes

1/ Report of the Secretary-General on coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera.

2/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

Annex I

AGREED CONCLUSIONS ON COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA

1. The Economic and Social Council decided a/ that its coordination segment would reach agreed conclusions containing specific recommendations on matters related to coordination addressed to the various parts of the United Nations system for implementation. The Secretary-General was requested to forward these recommendations to the relevant parts of the United Nations system for implementation and to apprise the Council at its substantive session of 1994 of the steps taken by the United Nations system to give effect to those recommendations.

2. The Council welcomed the report of the Secretary-General (E/1993/68). Although in general the Council supported the recommendations contained in the report, it suggested that greater specificity was needed in the plans, targets, resource allocations and implementation schedules of United Nations and Bretton Woods institutions to ensure improved coordination and implementation of programmes in developing countries.

3. Malaria and diarrhoeal diseases, including cholera, take a heavy toll in human life and suffering. Each year there are several hundred million cases and some 4 million deaths. These diseases constitute major impediments to social and economic development and improvement in the quality of life. They take their highest toll in the poorest countries and among the poorest communities in these countries.

4. Prevention and treatment of these debilitating diseases should be included as a major focus of health and development efforts. The benefits of prevention and treatment dwarf the costs involved.

5. It is equally important to get at the root causes of the diseases, which, to a great extent, are to be found in the sphere of socio-economic development. This requires a multisectoral and integrated approach that responds to short-term needs while at the same time providing for the long-term investments required. Particular attention needs to be devoted - among other things by improving national capacity-building - to food safety, nutrition, drinking water and sanitation, hygiene, education, especially of women, and, in general, to targeted investments for a better infrastructure in the health sector.

6. The question of health needs to be better incorporated in sustainable development policies. It is important to remain cognizant of the interaction between poverty, environment, development and health. Because of the serious health and economic consequences of malaria and diarrhoeal diseases, the United

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a/ Council decision 1993/205.

Nations system should give full consideration to the health implications of proposed activities within its development programmes and projects.

7. Since the diseases know no boundaries, regional and international strategies for coordinating prevention and control measures against the spread of the diseases are needed.

8. Control, prevention and treatment vary according to the disease. Consequently, technical assistance, interventions, policies and strategies should be specific to the nature of malaria and diarrhoeal diseases, including cholera. The United Nations system should take into account this specificity when developing coherent and coordinated strategies to address these diseases. In this connection, the Council noted with interest the development of the new anti-malaria vaccine SPF-66.

9. These diseases can be prevented and controlled with currently available tools. Better instruments and coordination, however, are also needed to ensure the effective and efficient use of current resources, as are continued investments to implement development and research activities.

10. An important dimension of the resurgence of malaria and diarrhoeal diseases, in particular cholera, is the lack of adequate resources being invested in health infrastructure and human resource development, particularly at the level of primary health services. However, there is a serious general shortage of resources internationally. Reallocating national resources and development assistance to the health area and improving the use of existing resources should therefore be a priority for Governments, the United Nations system and the donor community.

11. Coordination regarding malaria at all levels is facilitated by the existence of the Global Malaria Control Strategy of the World Health Organization (WHO), in which many agencies participate and which should be monitored. WHO also has technical policies and strategies including the Special Programme on Tropical Diseases, the Control Programme on Diarrhoeal Diseases and the Sick Children Initiative, which need to be strengthened and better coordinated. United Nations organs and organizations, within their respective mandates and taking into account comparative advantages, should reinforce their efforts to develop, endorse and promulgate common technical policies and strategies which can guide their complementary support to national programmes.

12. The most important focus for coordination is at the country level. Countries should be supported in strengthening their capacities to coordinate their own government actions, as well as in coordinating the contributions of the donor community. The resident coordinator system and subgroups, formed to ensure coordinated support for government efforts, may assist Governments in their endeavours. In countries choosing to have a country strategy note, this might also prove to be a useful tool.

13. It is also necessary, however, that United Nations agencies strengthen coordination among themselves, so as to fit better into the overall coordination process at the country level within the resident coordinator system.

14. Similarly, better coordination among bilateral donors and between bilateral donors and the United Nations system is essential. Where relevant, mechanisms such as consultative groups and round tables should be utilized to ensure coordinated action by all donors. The role of non-governmental organizations and the private sector is an important component of any programme and they should be partners in the coordination effort.

15. There is a need for a better balance between emergency assistance and medium- to long-term policies. Emergency assistance should be designed so as to benefit long-term development strategies. This recognizes that there is a continuum from emergency relief to rehabilitation, reconstruction and development.

16. Health and education, especially of women, are particularly important areas for improved coordination at both international and national levels. Health promotion is an important component of educational efforts. All means of communication, including the media, should be used to inform and educate target populations, especially women, in health matters.

17. Better and expanded collection, exchange and dissemination of information on the diseases and their prevention and treatment are essential in order to muster maximum support from national and international decision makers. The United Nations system should work to ensure the compatibility of its health and management information systems. At the country level, support for the development and implementation of appropriate information systems, such as improved disease surveillance, including early warning systems for epidemics, should be provided as an integral part of strengthening health services.

18. The strategies for the development of human resources being pursued by the United Nations system should take explicit account of the health, development and health services management needs of countries, including, inter alia, the technical expertise required for preventing and controlling malaria and diarrhoeal diseases.

19. A report on the implementation of recommendations to improve coordination in the prevention and control of malaria and diarrhoeal diseases should be prepared. It should specify goals, workplans and time-frames and resource needs for achieving them. It should identify complementary roles appropriate to the United Nations organizations involved.

20. The Secretary-General is requested to prepare this report in collaboration with WHO and other relevant organs, organizations and bodies of the United Nations system, taking into account their specialized expertise in the area of health and development. The Economic and Social Council should monitor the development of the report. The Secretary-General is requested to submit the report to the Economic and Social Council at its substantive session of 1994. The steps taken, while expected to specifically address malaria and diarrhoeal diseases, should also facilitate better coordination of United Nations organizations in supporting countries in addressing other national priorities, especially those relating to health and development.

21. In returning to the subject in 1994, the Economic and Social Council should exert more fully its coordinating role as defined in the Charter of the United Nations, ascertaining priorities in relation to the overall work of the United Nations organizations concerned.

Annex II

ORGANIZATIONS COLLABORATING IN THE PREPARATION OF THE PRESENT REPORT

Department for Policy Coordination and Sustainable Development of the United Nations Secretariat

Department of Humanitarian Affairs of the United Nations Secretariat

Food and Agriculture Organization of the United Nations (FAO)

International Labour Organization (ILO)

Office of the United Nations High Commissioner for Refugees (UNHCR)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Environment Programme (UNEP)

United Nations Industrial Development Organization (UNIDO)

World Bank

World Food Programme (WFP)

World Health Organization (WHO)